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PTO FAX NO.: 1 (571) 273-8300

Attorney Docket No. S-12

Customer No: 021394

Application No.: 10/656,597

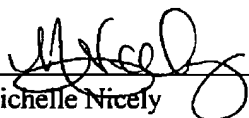
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CERTIFICATION OF FACSIMILE TRANSMISSION

In connection with U.S. Patent Application of **David C. Hovda et al.**, Application No. **10/656,597**, I hereby certify that the following **Response to Restriction Requirement** is being facsimile transmitted to the Patent and Trademark Office on the date shown below.

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Michelle Nicely

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Attorney Docket No.: S-12

On Feb. 13, 2006By Michelle Nicely

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: David C. Hovda.

Examiner: Rosiland Rollins

Application No.: 10/656,597

Art Unit: 3739

Filed: September 5, 2003

Title: METHOD AND APPARATUS FOR
TREATING INTERVERTE BRAL
DISCS

REPLY TO OFFICE ACTION MAILED 01/12/06

Commissioner for Patents
P.O. Box RCE
Alexandria, VA 22313-1450

Sir:

In reply to the Office Action mailed January 12, 2006 that set a one-month period
for a reply, the Applicants hereby elects Claims 27-45 for examination, as set forth
herein.